

CALIFORNIA MEDICAL ASSISTANCE COMMISSION



ANNUAL REPORT 2003

**CALIFORNIA MEDICAL ASSISTANCE COMMISSION
ANNUAL REPORT TO THE LEGISLATURE
2003**

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EXECUTIVE SUMMARY

SELECTIVE PROVIDER CONTRACTING PROGRAM

This twentieth Annual Report to the Legislature by the California Medical Assistance Commission (CMAC) reports access and cost information relating to the past year's operation of the Selective Provider Contracting Program (SPCP).

The SPCP was established by the Legislature in 1982. The program operates under a federal waiver in accordance with Section 1915(b)(4), Title XIX, of the Social Security Act. Through the SPCP the State selectively contracts, on a competitive basis, with those hospitals in California that desire to provide services to Medi-Cal beneficiaries. The California Medical Assistance Commission is the agency established to negotiate with hospitals on behalf of the State.

The SPCP has operated successfully for twenty years. Competitive contracting has assured continued hospital access for beneficiaries while, at the same time, saving the state and federal governments substantial funds.

BENEFICIARY ACCESS

From its inception, the SPCP has selectively contracted with hospitals to provide services to beneficiaries. The requirement that the program ensure sufficient hospital beds to serve the Medi-Cal population has always been a key criterion in determining which hospitals should be contracting hospitals.

Overall, the 234 general acute care hospitals contracting with the State of California have sufficient capacity to provide all of the inpatient care necessary for beneficiaries in the areas where these hospitals operate. These 234 hospitals have over four times the number of available licensed beds necessary to meet the inpatient care needs of Medi-Cal beneficiaries in the State.

PROGRAM SAVINGS

In addition to assuring hospital access for beneficiaries through the competitive contracting program, the State has saved a significant amount of funds--a total of approximately \$6.8 billion in State General Fund savings since 1983. For fiscal year 2002-03 alone, State General Fund savings attributable to the SPCP is \$683.0 million. These are funds that would have been spent, had the State continued operating under the traditional, cost-based reimbursement system which continues to operate in many parts of the United States.

Based on a fiscal year 2002-03 average statewide Medi-Cal contract rate of \$991 per day, the average contract rate has increased 93.0%, or approximately 3.5% per year on a compounded basis, since the inception of the program. For non-contracting hospitals remaining under the cost-based reimbursement system, the average payment rate for the same period has increased 209.6%, or approximately 6.13% per year on a compounded basis.

CONCLUSIONS

In summary, the SPCP continues to assure access to hospital inpatient services to Medi-Cal beneficiaries, and to remain a cost-effective program for delivering and paying for hospital inpatient services in the year 2003.

SELECTIVE PROVIDER CONTRACTING PROGRAM

EFFECT OF SELECTIVE CONTRACTING ON ACCESS, QUALITY, AND COST

The primary responsibility of the California Medical Assistance Commission continues to be maintaining the integrity of the Selective Provider Contracting Program (SPCP). For twenty years, the SPCP has worked to provide adequate access to hospital services for Medi-Cal beneficiaries, while at the same time achieving significant savings over the traditional "cost-based" reimbursement system being utilized by many other states. Employing the concepts of competition and negotiation, the SPCP has two decades of experience that demonstrates the value of those concepts in the purchase of health care services.

HOSPITALS AVAILABLE FOR MEDI-CAL BENEFICIARIES

The Commission has provided updated statistics to the Legislature each year that describe the extent of hospital inpatient services available under contract. An important consideration in evaluating the program has been the extent to which the "selective" aspect of the contracting program could result in too few hospital beds and services available to Medi-Cal beneficiaries. A variety of analyses have been presented in previous reports to describe the availability and use of contracted services. Many of those analyses are updated for this report.

Of the 234 general acute care hospitals under contract, 230 hospitals are under contract in 63 "closed areas" of the State. "Closed areas" are those Health Facility Planning Areas (HFPAs) where contracts have been signed and Medi-Cal beneficiaries must receive inpatient care at a contract hospital, except in emergencies, or as provided for under Welfare and Institutions Code section 14087. Four other hospitals are under contract in "open areas" of the State. "Open areas" are those HFPAs where the SPCP is not in effect. These are primarily rural, one-hospital areas where the principles of competitive contracting do not apply. There was only one change in the SPCP status of an HFA in 2002. With the termination of Sutter Davis in HFA 313 (Woodland) there were no contract hospitals remaining

in HSPA 313, and the area was therefore opened. Medi-Cal beneficiaries will be receiving their inpatient care under the Partnership HealthPlan of California, a Medi-Cal County Organized Health System plan that expanded into Yolo County last year. A listing of all HFPAs, along with their current SPCP status, is included in this report as Appendix A.

The number of hospitals entering into new contracts, terminating contracts and recontracting after termination since December 1, 1982 is presented in Table 1. A total of 234 general acute care hospitals were under contract as of December 1, 2002, 3 fewer hospitals than the previous year. This resulted from the termination of 2 contracts, the closure of 2 hospitals, and the addition of 1 hospital contracting for the first time, as identified in Table 1A. A listing of all contract hospitals available to Medi-Cal beneficiaries as of December 1, 2002, is provided in Appendix B.

TABLE 1
CONTRACT CHANGES
FROM DECEMBER 2, 1982 TO DECEMBER 1, 2002

	PRIOR PERIODS			ANNUAL CHANGES			TOTAL
	82/86	86/90	90/99	99/00	00/01	01/02	82/02
Contracts at Start	0	271	236	251	247	237	0
New Contracts	293	21	55	4	1	1	376
Terminations	-30	-67	-76*	-8	-12	-4	-197
Recontracted	8	11	36	0	1**	0	55
Contracts at End	271	236	251	247	237	234	234

* Seven of these terminations were the result of converting the contract fee-for-service mental health system to the State Department of Mental Health's managed care system effective January 1, 1995.

**Number increased from 0, as stated in 2002 Annual Report. One hospital which had left the program and subsequently returned (recontracted) was omitted in error from that report.

Source: CMAC Management Information System

TABLE 1A

**HOSPITALS WITH MEDI-CAL CONTRACT CHANGES
FROM DECEMBER 2, 2001 THROUGH DECEMBER 1, 2002**

HOSPITAL	LOCATION
Hospitals Initiating Contracting for the First Time (1)	
Kindred Hospital – San Francisco	Hayward
Hospitals Recontracting (0)	
Hospitals Terminating (4) (*) Indicates that hospital is no longer in operation	
Mt. Diablo Hospital	Concord
*St. Luke Medical Center	Pasadena
*Golden State Rehabilitation Hospital	Concord
Sutter Davis Hospital	Woodland
Contract Changes Due to Mergers/License Consolidations (0)	

Of the 197 contract terminations occurring since February 1, 1983 (the effective date of the first SPCP hospital contract), 29% have since recontracted with the program. Fifty-five percent of the remaining hospitals with contract terminations have either closed their doors, merged or consolidated with other contracting hospitals, or were located in rural HFPAs that are now “open” to cost-based Medi-Cal payments. Only 16% continue to provide acute care services to the general public in “closed” HFPAs and are not now available to Medi-Cal beneficiaries except in emergency situations.

SERVICE CAPACITY AVAILABLE TO MEET NEED

Table 2 presents data showing the percent of “Medi-Cal Area Need Under Contract.” The table depicts inpatient hospital bed capacity under contract as a percentage of the area bed need required to assure Medi-Cal beneficiaries have access to inpatient services under the SPCP. The data is for calendar year 2001 and indicates, with the exception of three specific instances (involving burn center services), that sufficient bed capacity was available in contracting hospitals to meet the inpatient hospitalization needs of Medi-Cal beneficiaries for all services in all geographic areas. For the three exceptions involving the availability of burn center services, the data indicates that there may be insufficient bed capacity for burn days in San Diego County. However, this has been the case from at least 1994. Because the SPCP contracts with all available

licensed burn beds in San Diego County, SPCP is not limiting access to these services. The annotation “N/A” for Coastal and Riverside County is due to the fact that there are no licensed burn beds in these two areas.

The Commission takes into consideration trends with respect to inpatient utilization; changes in the availability of licensed bed services, e.g., neonatal intensive care; mergers and consolidations of hospitals; and the effect of managed care, both in general and specifically for Medi-Cal beneficiaries being served under the SPCP. There has been only a slight decrease in the number of contracting hospitals in recent years, resulting in a net decrease in the number of licensed beds available under the program of just 0.7% from calendar year 2000 to calendar year 2001.

TABLE 2
PERCENT OF 2001 MEDI-CAL AREA NEED
UNDER CONTRACT

AREA	TOTAL	MS/ICU	OB	NICU	PED	REHAB	BURN
STATEWIDE	474%	570%	304%	218%	456%	875%	757%
SACRAMENTO	363%	450%	280%	153%	173%	674%	116%
SAN FRANCISCO BAY	605%	760%	292%	209%	652%	529%	990%
SAN JOAQUIN VALLEY	378%	463%	344%	188%	259%	910%	500%
COASTAL	739%	1201%	244%	284%	939%	8005%	N/A
LOS ANGELES COUNTY	417%	478%	253%	218%	440%	1380%	1493%
ORANGE COUNTY	737%	1357%	338%	256%	606%	1988%	551%
RIVERSIDE COUNTY	466%	568%	349%	142%	752%	335%	N/A
SAN BERNARDINO COUNTY	443%	564%	433%	225%	315%	321%	246%
SAN DIEGO COUNTY	572%	595%	598%	310%	642%	1227%	60%
Service Codes	MS/ICU OB NICU PED REHAB BURN	Medical-Surgical & Intensive Care Obstetrics Neonatal Intensive Care Unit Pediatrics Acute Rehabilitation Burn Center					

This chart shows that the statewide total for vacant licensed beds under SPCP contract was 474% greater than the Medi-Cal patient caseload required in 2001. The licensed beds and non-Medi-Cal patient caseload data was collected from the 2001 Annual Report of Hospitals as published by the Office of Statewide Health Planning and Development, which represents the most recent and complete report at the time this table was developed. Medi-Cal patient caseload data for 2001 was used in order to be comparable with the information reported in the 2001 Annual Report of Hospitals.

SPENDING LIMITS

Since the inception of the program, the SPCP has operated under a federal waiver, in accordance with Section 1915(b)(4) of the Social Security Act. The SPCP waiver must be renewed every two years and approved by the federal Centers for Medicare & Medicaid Services (CMS). The current SPCP waiver has been approved by CMS for the period January 1, 2003 through December 31, 2004.

Historically, the SPCP waiver renewal was contingent upon the State's ability to demonstrate the cost effectiveness of providing services under the waiver. The cost effectiveness test compared aggregate per diem and supplemental payments made under the SPCP waiver to payments estimated under a cost-based reimbursement system, which is still the applicable Medi-Cal inpatient reimbursement methodology for those hospitals that do not participate in the SPCP. The difference between the aggregate payments made under the SPCP waiver and a cost-based reimbursement system was previously considered waiver savings.

For the current SPCP waiver, the methodology to assess the waiver's cost effectiveness has changed. The new methodology requires the State to demonstrate compliance with new federal upper payment limits (UPL). As set forth in federal law, the UPL represents the limit on aggregate payments that can be made by the State based on Medicare payment principles. For hospital inpatient services, a separate UPL exists for each of the following categories: (1) non-State, government-owned (county and district) hospitals; (2) State-owned hospitals; and (3) privately-owned hospitals. For the first time, the current SPCP waiver is also subject to annual spending limits based on UPL requirements.

Given the new spending limits, demonstrating waiver savings to CMS, as defined above and historically used in SPCP waiver renewal estimates, is no longer a waiver requirement. However, SPCP remains a cost effective program. Relatedly, the SPCP saves the State substantial General Fund dollars, i.e., comparing hospital per diem rates negotiated under SPCP with estimated cost-based reimbursements. Therefore, all savings estimates included in this Annual Report to the Legislature will hereafter be stated in terms of savings to the State General Fund.

MEDI-CAL INPATIENT EXPENDITURES AND UTILIZATION

All days and dollars cited in this section are estimates for services provided in fiscal year 2001-02 based on fee-for-service payments made by the State's Medi-Cal fiscal intermediary. Statewide, fee-for-service Medi-Cal expenditures for general acute care hospital inpatient services provided in fiscal year 2001-02 were approximately \$2.73 billion in State and federal funds. Of this amount, approximately \$2.33 billion, or 85.4%, was paid to SPCP hospitals. All other hospitals in open areas and non-contract hospitals in closed areas accounted for 14.6% of the payments.

In fiscal year 2001-02, the Medi-Cal program purchased approximately 2.35 million days of inpatient hospital acute care at SPCP contract and non-contract hospitals, an increase of some 250,000 days over the previous fiscal year. SPCP contract hospitals provided approximately 2.13 million patient days of care in fiscal year 2001-02, representing 90.6% of the total inpatient acute care days provided to Medi-Cal beneficiaries. Hospitals in open areas and non-contract hospitals in closed areas provided the remaining 9.4% of total inpatient acute care days.

ANALYSIS OF FISCAL IMPACT OF CONTRACTING PROGRAM

The implementation of the SPCP has generated substantial General Fund savings. These General Fund savings have increased from less than \$100.0 million per annum during the early years of the program to the current estimate of \$683.0 million in General Fund savings for fiscal year 2002-03.

For the past twenty years, the fiscal impact of contracting has been monitored by comparing negotiated contract rates with estimates of what would have been paid under the cost-based reimbursement system. The Audits and Investigations Division of the Department of Health Services compiles data on Medi-Cal allowable costs and utilization as reported by each hospital for every fiscal year. This information is used to calculate allowable costs per day for each hospital. This figure is then adjusted by statewide inpatient inflation factors to arrive at a benchmark rate for each hospital.

These per day benchmark rates for contracting hospitals are then compared to actual CMAC negotiated rates. The number of days of service rendered by each hospital is multiplied by both the benchmark and the negotiated rate. The latter is subtracted from the former to show the SPCP savings estimate for each hospital. The result of adding the State General Fund savings figures for all hospitals under contract as of December 1, 2002, is a projected SPCP expenditure estimated to be \$683.0 million less than the total benchmark expenditure estimate for the year.

It is difficult to identify the amount of State General Fund savings produced by the SPCP with absolute certainty because it is difficult to accurately project what each of the 234 contracting hospitals would have received if the SPCP were discontinued and each hospital were to return to the cost-based reimbursement system. Thus, while the Commission continues to calculate SPCP savings figures, the Commission is reluctant to precisely represent any particular figure as the program savings for a particular year.

ADDITIONAL HOSPITAL FINANCING PROGRAMS

There are four additional hospital financing programs in California, which provide for supplemental payments to eligible SPCP hospitals and their funds are distributed through this program.

SB 1255 (Chapter 996, Statutes of 1989)

Welfare and Institutions Code section 14085.6 provides for the Emergency Services and Supplemental Payments (ESSP) Fund, commonly known as the SB 1255 program. This fund is designed to receive voluntary transfers from public sources, including available federal matching funds, for distribution to eligible hospitals through

negotiations with the Commission. To be eligible to negotiate for distributions from the ESSP fund, a hospital must be:

- 1) a Medi-Cal SPCP contract hospital;
- 2) a disproportionate share provider based on requirements specified in State statute and the California State Medicaid Plan; and
- 3) a licensed provider of basic or comprehensive emergency medical services (or a children's hospital which provides such emergency services in conjunction with another licensed hospital), or meet other requirements as specified in State statute.

Approximately \$1.6 billion was negotiated for payment to qualifying 1255 hospitals during fiscal year 2002/03.

SB 1732 (Chapter 1635, Statutes of 1988)

Welfare and Institutions Code section 14085.5 provides for the Construction and Renovation Reimbursement Program, commonly known as the SB 1732 program. This program provides for additional payments to disproportionate share hospitals. In this program, the additional payments relate to the costs of capital construction. While the SB 1732 program is administered by the Department of Health Services, the payment authority is incorporated into the SPCP's hospital contracts. During fiscal year 2002-03, approximately \$132.7 million in additional payments to hospitals were made as a result of the SB 1732 program.

AB 761 (Chapter 226, Statutes of 1999)

Section 14085.9 to the Welfare and Institutions Code provides for the Small and Rural Hospital Supplemental Payment Program. This program establishes a fund to provide supplemental reimbursement to small and rural hospitals with standby emergency rooms that could not qualify for reimbursement under SB 1255. During fiscal year 2002/03, \$40,000 was distributed under this program.

Medical Education

Sections 14085.7 and 14085.8 were added to the Welfare and Institutions Code in the mid-1990s to create two new supplemental payment funds in support of medical education. The purpose of such funds is to recognize medical education costs associated with health care services rendered to Medi-Cal beneficiaries. Much like the SB 1255 fund, the Medi-Cal Medical Education Supplemental Payment Fund and the Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Fund are financed through intergovernmental transfers or other federally permissible donations and then matched with federal Medicaid funds. Payments from these two funds to the eligible hospitals are negotiated between the Commission and contracting hospitals that meet other criteria prescribed in State statute, providing that such funds have available monies.

Contracting hospitals that meet the definition of university teaching hospitals or major (non-university) teaching hospitals contained in the Department of Health Services' report dated May 1991, entitled "Hospital Peer Grouping" are eligible to negotiate for monies from the Medi-Cal Medical Education Supplemental Payment Fund. During fiscal year 2002-03, additional payments to hospitals qualifying under the Medi-Cal Education Supplemental Payment Fund were \$132.4 million.

Contracting hospitals that are either: (1) a large teaching-emphasis hospital, as defined in the Department of Health Services' report dated May 1991, entitled "Hospital Peer Grouping", or (2) a children's hospital pursuant to Welfare and Institutions Code, section 10727; and meet the definition of an eligible hospital as defined in Welfare and Institutions Code section 14105.98, subdivision (a)(3) are eligible to negotiate for monies from the Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Fund.

The Department of Health Services did not accept intergovernmental transfers to the Medi-Cal Large Teaching Emphasis and Children's Hospital Medical Education Supplemental Payment Fund during fiscal year 2002-03, nor were payments made from this fund. Eligible hospitals that have historically received support through this fund towards their Medi-Cal related medical education costs did receive additional consideration from CMAC during the negotiation of SB 1255 distributions.

AVERAGE PAYMENT RATE CHANGES

The average per day reimbursement received by the 234 general acute care hospitals with Medi-Cal contracts on December 1, 2002 was \$991. The overall increase in the statewide average resulted from the combination of the following effects during the twelve-month period:

- 121 Contract hospitals received an increase in rates through the negotiation process
- 0 Contract hospitals experienced a negotiated decrease in rates
- 1 Hospital began contracting for the first time
- 4 General acute care hospital contracts were terminated and
- 0 Hospitals recontracted

As of December 1, 2002, 2 hospitals had contracted for an all-inclusive per discharge rate and 9 other hospitals had a rate structure that included a separate discharge rate for obstetrical services.

Table 3 displays average contract rates by region and hospital size for calendar years 1984 through 2002. These numbers represent the average rate paid under contract as of December 1 for each year reported. The average rate a contract hospital receives has increased 93.2% from 1984 through 2002, or approximately 3.5% per year on a compound basis. This is in contrast to the historical change in the average payment rate to non-contracting hospitals. Under the cost-based reimbursement system the average payment rate from 1984 to 2002 has increased 209.6% or approximately 6.13% per year on a compound basis.

TABLE 3
AVERAGE MEDI-CAL CONTRACT RATES
AS OF DECEMBER 1, 2002

YEAR	1984	1987	1990	1993	1996	1999	2000	2001	2002
STATEWIDE	\$513	\$544	\$651	\$780	\$836	\$871	\$905	\$957	\$991
SCSA*:									
So. California	\$516	\$541	\$662	\$789	\$837	\$860	\$891	\$921	\$952
SF Bay Area	\$562	\$592	\$682	\$816	\$873	\$934	\$985	\$1,104	\$1,178
Other Areas	\$483	\$525	\$620	\$748	\$815	\$864	\$905	\$962	\$999
NUMBER OF BEDS:									
1 – 99	\$467	\$480	\$544	\$647	\$686	\$746	\$777	\$799	\$839
100 – 299	\$511	\$545	\$653	\$780	\$842	\$879	\$911	\$952	\$982
300 +	\$578	\$619	\$738	\$871	\$918	\$981	\$1029	\$1,098	\$1,127
<p>*Standard Consolidated Statistical Areas</p> <p>Southern California = Counties of Los Angeles, Orange, Riverside, San Bernardino and Ventura</p> <p>San Francisco Bay Area = Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma</p> <p>Other Areas = All other counties not included in the other two areas.</p>									

Sources: CMAC Management Information System and Office of Statewide Health Planning and Development (Licensing File System)

CONCLUSION

After 20 years of operation, the SPCP continues to ensure access to hospital inpatient services for Medi-Cal beneficiaries. Additionally, and importantly, the program remains a cost-effective program for delivering and paying for hospital inpatient services.

In fiscal year 2002-03, the SPCP has realized estimated State General Fund program savings of \$683.0 million as a result of negotiating inpatient per diem rates of reimbursement to 234 hospitals. Over the 20-year life of the SPCP, the State General Fund has realized accumulated estimated savings of \$6.8 billion.

APPENDIX A

**Contracting Status of HFPAs as of
December 1, 2002**

APPENDIX A

CONTRACTING STATUS OF HFPAs AS OF DECEMBER 1, 2002

HFPA	AREA	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
101	CRESCENT CITY	OPEN			
103	HOOPA	OPEN			
105	EUREKA	OPEN			
107	FORTUNA	OPEN			
109	GARBERVILLE	OPEN			
111	FORT BRAGG	OPEN			
112	WILLITS	OPEN			
113	UKIAH	OPEN			
115	LAKEPORT	OPEN			
201	ALTURAS	OPEN			
203	YREKA	OPEN			
205	MOUNT SHASTA	OPEN			
207	WEAVERVILLE	OPEN			
209	REDDING	OPEN	1-Jun-84	1-Jul-89	
210	FALL RIVER MILLS	OPEN			
211	RED BLUFF	OPEN			
213	SUSANVILLE	OPEN	1-Aug-83	27-Aug-96	
215	QUINCY	OPEN			
217	PORTOLA	OPEN			
219	CHICO	OPEN	1-Sep-84	1-Jul-89	
220	PARADISE	OPEN			
221	OROVILLE	OPEN			
223	WILLOWS	OPEN			
225	COLUSA	OPEN			
227	MARYSVILLE	OPEN			
300	LOYALTON	OPEN			
301	NEVADA CITY	OPEN			
302	NORTH LAKE TAHOE	OPEN			
304	PLACERVILLE	OPEN			
306	SOUTH LAKE TAHOE	OPEN			
308	AUBURN	OPEN			
309	ROSEVILLE	CLOSED	1-Jul-83		
311	SACRAMENTO	CLOSED	1-Feb-83		
313	WOODLAND	OPEN	1-Jun-83	13-Jun-02	
401	SANTA ROSA	OPEN			
403	PETALUMA	OPEN			
405	SAN RAFAEL	CLOSED	1-Jul-83		
407	NAPA	OPEN			
408	FAIRFIELD	OPEN	1-Aug-83	1-Aug-85	
409	VALLEJO	OPEN			
411	CONCORD	CLOSED	1-Jul-83		
413	RICHMOND	CLOSED	1-Jul-83		
415	BERKELEY	CLOSED	1-Mar-83		

APPENDIX A

CONTRACTING STATUS OF HFPAs AS OF DECEMBER 1, 2002

HFPA	AREA	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
417	OAKLAND	CLOSED	1-Mar-83		
419	LIVERMORE	OPEN			
421	HAYWARD	CLOSED	1-Mar-83		
423	SAN FRANCISCO	CLOSED	1-Feb-83		
425	DALY CITY	CLOSED	1-Feb-83		
427	SAN MATEO	OPEN			
428	REDWOOD CITY	CLOSED	1-Mar-83		
429	PALO ALTO	CLOSED	1-Mar-83		
431	SAN JOSE	CLOSED	1-Mar-83		
433	GILROY	OPEN			
501	JACKSON	OPEN			
503	SAN ANDREAS	OPEN			
505	LODI	CLOSED	1-Jul-83		
507	STOCKTON	CLOSED	1-Aug-87		
509	TRACY	CLOSED	1-Jul-83		
511	MODESTO	CLOSED	1-Jun-83		
513	SONORA	CLOSED	1-Jun-83		
515	MERCED	CLOSED	1-Jun-83		
516	TURLOCK	CLOSED	1-Jun-83		
517	LOS BANOS	OPEN	1-Jun-83	9-Aug-01	
601	MADERA	CLOSED	1-Jul-83		
603	MARIPOSA	OPEN			
605	FRESNO	CLOSED	1-Jul-83		
607	REEDLEY	OPEN	1-Jun-83	1-Jul-01	
608	DINUBA	OPEN	1-Jun-83	9-Mar-00	
609	COALINGA	OPEN			
611	VISALIA	OPEN			
613	PORTERVILLE	OPEN			
615	HANFORD	OPEN			
617	BAKERSFIELD	CLOSED	1-Aug-83		
619	KERN RIVER VALLEY	OPEN			
621	RIDGECREST	OPEN			
623	TEHACHAPI	OPEN			
625	TAFT	OPEN			
701	HOLLISTER	OPEN			
703	SANTA CRUZ	CLOSED	1-Jun-83		
705	SALINAS	OPEN	1-Jul-86	1-Feb-90	
707	MONTEREY	OPEN	1-Jan-86	1-Feb-90	
709	KING CITY	OPEN	1-Jul-86	1-Jul-89	
711	WATSONVILLE	OPEN	27-Nov-85	23-Mar-93	
801	SAN LUIS OBISPO	CLOSED	1-Jun-83		
803	SANTA MARIA	OPEN			
805	LOMPOC	OPEN			

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CONTRACTING STATUS OF HFPAs AS OF DECEMBER 1, 2002

HFPA	AREA	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
807	SANTA BARBARA	OPEN			
809	VENTURA	CLOSED	1-Jul-83		
811	OXNARD	CLOSED	1-Jul-83		
901	LANCASTER	CLOSED	1-Jul-83		
903	SAN FERNANDO	CLOSED	1-Apr-83		
905	VAN NUYS	CLOSED	1-Apr-83		
907	BURBANK	CLOSED	1-Apr-83		
909	GLENDALE	CLOSED	1-Apr-83		
911	PASADENA	CLOSED	1-Apr-83		
913	WEST SAN GABRIEL	CLOSED	1-Apr-83		
915	EAST SAN GABRIEL	CLOSED	1-Apr-83		
917	POMONA	CLOSED	1-Apr-83		
919	WHITTIER	CLOSED	1-Apr-83		
921	DOWNEY-NORWALK	CLOSED	1-Apr-83		
923	LYNWOOD	CLOSED	1-Feb-83		
925	LOS ANGELES	CLOSED	1-Apr-83		
927	SANTA MONICA	CLOSED	1-Apr-83		
929	INGLEWOOD	CLOSED	1-Jan-85	1-Feb-86	1-Jun-92
931	TORRANCE	CLOSED	15-Aug-84	1-Feb-90	24-May-94
933	LONG BEACH	CLOSED	1-Feb-83		
935	WATTS	CLOSED	1-Apr-83		
937	LA CANADA	CLOSED	1-Apr-83		
1011	FULLERTON	CLOSED	1-Nov-84		
1012	ANAHEIM	CLOSED	1-May-83		
1013	BUENA PARK	CLOSED	1-May-83		
1014	HUNTINGTON BEACH	OPEN	1-May-83	17-Nov-90	
1015	SANTA ANA	CLOSED	1-May-83		
1016	NEWPORT BEACH	OPEN			
1017	SOUTH ORANGE	OPEN			
1101	BLYTHE	OPEN			
1103	INDIO	CLOSED	11-Jul-95		
1105	PALM SPRINGS	CLOSED	1-Jul-83		
1107	BANNING	CLOSED	1-Aug-83		
1109	HEMET	CLOSED	1-Jul-83		
1111	RIVERSIDE	CLOSED	1-Jul-83		
1201	SOUTHERN INYO	OPEN			
1203	NORTHERN INYO	OPEN			
1205	MONO COUNTY	OPEN			
1207	W. SAN BERNARDINO	CLOSED	1-Jul-83		
1209	SAN BERNARDINO	CLOSED	1-Jun-83		
1211	VICTOR VALLEY	OPEN			
1213	BARSTOW	OPEN			
1214	MORONGO BASIN	OPEN			

APPENDIX A

CONTRACTING STATUS OF HFPA's AS OF DECEMBER 1, 2002

HFPA	AREA	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
1215	NEEDLES	OPEN			
1217	BEAR VALLEY	OPEN			
1412	INLND N. SAN DIEGO CO	CLOSED	1-Apr-83		
1414	CSTAL N. SAN DIEGO CO	CLOSED	1-Apr-83		
1416	NORTH SAN DIEGO CITY	CLOSED	1-Jul-83		
1418	CNTRL SAN DIEGO CITY	CLOSED	1-Feb-83		
1420	SOUTH SAN DIEGO CO	CLOSED	1-Feb-83		
1422	EAST SAN DIEGO CO	CLOSED	1-Feb-83		
1424	IMPERIAL COUNTY	OPEN			

SOURCE: California Medical Assistance Commission Management Information System

APPENDIX B

**Medi-Cal Hospital Contracting Status
as of December 1, 2002**

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
ROSEVILLE	309	950	C		MERCY SAN JUAN HOSPITAL
		1000	C		SUTTER ROSEVILLE MEDICAL CENTER
		4029	C		MERCY HOSPITAL OF FOLSOM
		4035		NC	KINDRED HOSPITAL - SACRAMENTO
			=====	=====	
		TOTAL	3	1	
SACRAMENTO	311	913		NC	KAISER FOUNDATION HOSPITAL-SACRAMENTO
		947	C		MERCY GENERAL HOSPITAL
		951	C		METHODIST HOSPITAL OF SACRAMENTO
		1006	C		UC DAVIS MEDICAL CENTER
		1051	C		SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (2 Service Sites)
		2344		NC	KAISER FOUNDATION HOSPITAL-S. SACRAMENTO
		4114		NC	SHRINERS HOSPITAL
		TOTAL	4	3	
SAN RAFAEL	405	992		NC	KAISER FOUNDATION HOSPITAL -SAN RAFAEL
		993	C		KENTFIELD REHABILITATION HOSPITAL
		1006	C		MARIN GENERAL HOSPITAL
		4035	C		NOVATO COMMUNITY HOSPITAL
		TOTAL	3	1	
CONCORD	411	924	C		CONTRA COSTA REGIONAL MEDICAL CENTER
		934		NC	SUTTER DELTA MEDICAL CENTER
		988		NC	JOHN MUIR MEMORIAL HOSPITAL
		990		NC	KAISER FOUNDATION HOSPITAL - WALNUT CREEK
		1018		NC	MT. DIABLO MEDICAL CENTER
		4011		NC	GOLDEN STATE REHABILITATION HOSPITAL
		4017		NC	SAN RAMON REGIONAL MEDICAL CENTER
		TOTAL	1	6	
RICHMOND	413	904	C		DOCTORS MEDICAL CENTER - SAN PABLO
		991		NC	KAISER FOUNDATION HOSPITAL - RICHMOND
BERKELEY	415	739	C		ALTA BATES MEDICAL CENTER (2 Service Sites)
		TOTAL	1	0	
OAKLAND	417	735	C		ALAMEDA HOSPITAL
		776	C		CHILDREN'S HOSPITAL MED CENTER OF N. CALIFORNIA
		846	C		<u>ALAMEDA CO. MEDICAL CENTER-HIGHLAND</u>
		856		NC	KAISER FOUNDATION HOSPITAL - OAKLAND
		937	C		SUMMIT MEDICAL CENTER (2 Service Sites)
		TOTAL	4	1	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
		805	C		EDEN MEDICAL CENTER (2 Service Sites)
		811	C		ALAMEDA CO. MEDICAL CENTER-FAIRMONT
		858		NC	KAISER FOUNDATION HOSPITAL - HAYWARD
		869		NC	LAUREL GROVE HOSPITAL
		887	C		KINDRED-S.F. BAY AREA
		967	C		ST. ROSE HOSPITAL
		987	C		WASHINGTON HOSPITAL - FREMONT
		3619		NC	COLUMBIA SAN LEANDRO HOSPITAL
		4132		NC	KAISER FOUNDATION HOSPITAL - FREMONT
			=====	=====	
HAYWARD	421	TOTAL	5	3	
		816		NC	KAISER FOUNDATION HOSPITAL - FRENCH CAMPUS
		857		NC	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO
		865		NC	LAGUNA HONDA HOSPITAL & REHABILITATION CENTER
		929	C		CALIFORNIA PACIFIC MEDICAL CENTER (3 Service Sites)
		933	C		DAVIES MEDICAL CENTER
		939	C		SAN FRANCISCO GENERAL HOSPITAL MEDICAL CTR
		960	C		ST. FRANCIS MEMORIAL HOSPITAL
		964	C		ST. LUKE'S HOSPITAL
		965	C		ST. MARY'S HOSPITAL AND MEDICAL CENTER
		1154	C		UCSF HOSPS & CLINICS & MT ZION MEDICAL CNTR
					OF THE UCSF (2 Service Sites)
		2715	C		CHINESE HOSPITAL
			=====	=====	
SAN FRANCISCO	423	TOTAL	8	3	
		806		NC	KAISER FOUNDATION HOSPITAL -S. SAN FRANCISCO
		817	C		SETON MEDICAL CENTER
			=====	=====	
DALY CITY	425	TOTAL	1	1	
		804		NC	KAISER FOUNDATION HOSPITAL - REDWOOD CITY
		891	C		SEQUOIA HOSPITAL
		4018		NC	RECOVERY INN OF MENLO PARK
			=====	=====	
REDWOOD CITY	428	TOTAL	1	2	
		763	C		EL CAMINO HOSPITAL OF MOUNTAIN VIEW
		805		NC	KAISER FOUNDATION HOSPITAL - SANTA CLARA
		905	C		UCSF STANFORD HEALTHCARE - STANFORD UNIVERSITY HOSP
		4040	C		LUCILE SALTER PACKARD CHILDREN'S HOSP. STANFORD
			=====	=====	
PALO ALTO	429	TOTAL	3	1	
		705	C		ALEXIAN BROTHERS HOSPITAL
		743	C		COMMUNITY HOSPITAL & REHABILITATION CENTER
					OF LOS GATOS-SARATOGA
		779	C		GOOD SAMARITAN HOSPITAL OF SANTA CLARA VALLEY
		837	C		O'CONNOR HOSPITAL
		879	C		SAN JOSE MEDICAL CENTER
		883	C		SANTA CLARA VALLEY MEDICAL CENTER
		1506		NC	SANTA TERESA COMMUNITY HOSPITAL
		4051		NC	CHILDREN'S RECOVERY CENTER
			=====	=====	
SAN JOSE	431	TOTAL	6	2	
		923	C		LODI MEMORIAL HOSPITAL (2 Service Sites)
			=====	=====	
LODI	505	TOTAL	1	0	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
STOCKTON	507	846	C		DAMERON HOSPITAL
		1010	C		SAN JOAQUIN GENERAL HOSPITAL
		1042	C		ST. JOSEPH'S MEDICAL CENTER OF STOCKTON
		2287	C		DOCTORS HOSPITAL OF MANTECA
		4009	C		ST. DOMINIC'S HOSPITAL
		TOTAL	5	0	
TRACY	509	1056	C		SUTTER TRACY COMMUNITY HOSPITAL
		TOTAL	1	0	
MODESTO	511	852	C		DOCTOR'S MEDICAL CENTER
		939	C		MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO
		954	C		CENTRAL CALIFORNIA REHABILITATION HOSPITAL
		967	C		OAK VALLEY DISTRICT HOSPITAL
		4038		NC	STANISLAUS SURGICAL
		TOTAL	4	1	
SONORA	513	1034		NC	SONORA COMMUNITY HOSPITAL
		1061	C		TUOLUMNE GENERAL HOSPITAL
		TOTAL	1	1	
MERCED	515	942	C		MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS
		948	C		MERCY HOSPITAL
		TOTAL	2	0	
TURLOCK	516	867	C		EMANUEL MEDICAL CENTER
		TOTAL	1	0	
LOS BANOS	517	853	C		DOS PALOS MEMORIAL HOSPITAL
		924		NC	MEMORIAL HOSPITAL OF LOS BANOS
		TOTAL	1	1	
MADERA	601	692	C		CHOWCHILLA DISTRICT MEMORIAL HOSPITAL
		1281		NC	MADERA COMMUNITY HOSPITAL
		4019	C		VALLEY CHILDREN'S HOSP & GUIDANCE CLINIC
		TOTAL	2	1	
FRESNO	605	717	C		<u>FRESNO COMMUNITY HOSPITAL & MED CENTER</u>
		822	C		<u>UNIVERSITY MEDICAL CENTER</u>
		899	C		ST. AGNES MEDICAL CENTER
		4016	C		CLOVIS COMMUNITY HOSPITAL
		4023	C		SAN JOAQUIN VALLEY REHABILITATION HOSPITAL
		4047		NC	FRESNO SURGERY CENTER
		4062		NC	KAISER FOUNDATION HOSPITAL-FRESNO
		TOTAL	5	2	
BAKERSFIELD	617	706	C		DELANO REGIONAL MEDICAL CENTER
		722		NC	BAKERSFIELD MEMORIAL HOSPITAL
		736	C		KERN MEDICAL CENTER
		761		NC	MERCY HOSPITAL - BAKERSFIELD
		775	C		GOOD SAMARITAN HOSPITAL
		788	C		SAN JOAQUIN COMMUNITY HOSPITAL
		4022	C		HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL
		4101		NC	BAKERSFIELD HEART HOSPITAL
		TOTAL	5	3	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
SANTA CRUZ	703	755	C		DOMINICAN SANTA CRUZ HOSPITAL (2 Service Sites) SUTTER MATERNITY & SURGERY CENTER
		4012		NC	
			=====	=====	
		TOTAL	1	1	
SALINAS	705	4043	C		NATIVIDAD MEDICAL CENTER
		875	C		SALINAS VALLEY MEMORIAL HOSPITAL
			=====	=====	
		TOTAL	2	0	
SAN LUIS OBISPO	801	466	C		ARROYO GRANDE COMMUNITY HOSPITAL
		480	C		FRENCH HOSPITAL MEDICAL CENTER
		511	C		SAN LUIS OBISPO GENERAL HOSPITAL
		524	C		AMI SIERRA VISTA REGIONAL MEDICAL CENTER
		548	C		TWIN CITIES COMMUNITY HOSPITAL
			=====	=====	
		TOTAL	5	0	
VENTURA	809	473	C		COMMUNITY MEMORIAL HOSPITAL OF SAN BUENAVENTURA
		481	C		VENTURA COUNTY MEDICAL CENTER
		501	C		OJAI VALLEY COMMUNITY HOSPITAL
		521	C		SANTA PAULA MEMORIAL HOSPITAL
			=====	=====	
		TOTAL	4	0	
OXNARD	811	492	C		LOS ROBLES REGIONAL MEDICAL CENTER (2 service sites)
		508	C		ST. JOHN'S PLEASANT VALLEY HOSPITAL
		525	C		SIMI VALLEY HOSPITAL & HEALTH CARE CENTER
		529	C		ST. JOHN'S REGIONAL MEDICAL CENTER
			=====	=====	
		TOTAL	4	0	
LANCASTER	901	34	C		ANTELOPE VALLEY HOSPITAL MEDICAL CENTER
		455		NC	LANCASTER COMMUNITY HOSPITAL
		1261	C		<u>LOS ANGELES CO. HIGH DESERT HOSPITAL</u>
			=====	=====	
		TOTAL	2	1	
SAN FERNANDO	903	348	C		GRANADA HILLS COMMUNITY HOSPITAL
		385	C		PROVIDENCE HOLY CROSS MEDICAL CENTER
		949	C		HENRY MAYO NEWHALL MEMORIAL HOSPITAL
		1231	C		<u>LOS ANGELES CO. OLIVE VIEW MEDICAL CENTER</u>
			=====	=====	
		TOTAL	4	0	
VAN NUYS	905	432		NC	KAISER FOUNDATION HOSPITAL - PANORAMA CITY
		517	C		ENCINO-TARZANA REGIONAL MEDICAL CENTER (2 Service Sites)
		524	C		MISSION COMMUNITY HOSPITAL
		552	C		MOTION PICTURE & TELEVISION HOSPITAL
		568	C		NORTHRIDGE HOSPITAL MEDICAL CTR-ROSCOE BLVD.
		708	C		SHERMAN OAKS HOSPITAL AND HEALTH CENTER
		810	C		NORTHRIDGE HOSPITAL MEDICAL CTR-SHERMAN WAY
		812	C		VALLEY PRESBYTERIAN HOSPITAL
		814		NC	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS
		859		NC	WEST HILLS MEDICAL CENTER
		1450		NC	KAISER FOUNDATION HOSPITAL - WOODLAND HILLS
			=====	=====	
		TOTAL	7	4	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
BURBANK	907	696	C		PACIFICA HOSPITAL OF THE VALLEY
		758	C		PROVIDENCE ST. JOSEPH MEDICAL CENTER
		TOTAL	2	0	
GLENDALE	909	323	C		GLENDALE ADVENTIST MED CNTR WILSON TERRACE
		522	C		GLENDALE MEMORIAL HOSPITAL & HEALTH CENTER
		TOTAL	2	0	
PASADENA	911	400	C		HUNTINGTON MEMORIAL HOSPITAL
		759		NC	ST. LUKE MEDICAL CENTER
		TOTAL	1	1	
WEST SAN GABRIEL	913	17	C		ALHAMBRA HOSPITAL
		176	C		CITY OF HOPE NATIONAL MEDICAL CENTER
		200	C		SAN GABRIEL VALLEY MEDICAL CENTER
		315	C		GARFIELD MEDICAL CENTER
		352	C		GREATER EL MONTE COMMUNITY HOSPITAL
		529	C		METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
		541	C		MONROVIA COMMUNITY HOSPITAL
		547	C		MONTEREY PARK HOSPITAL
		691	C		SANTA TERESITA HOSPITAL
		TOTAL	9	0	
EAST SAN GABRIEL	915	298	C		FOOTHILL PRESBYTERIAN HOSPITAL
		328	C		HUNTINGTON EAST VALLEY HOSPITAL
		413	C		<u>CITRUS VALLEY MEDICAL CENTER - INTERCOMMUNITY</u>
		458		NC	SPECIALTY HOSPITAL OF SOUTHERN CALIFORNIA-SAN GABRIEL
		636	C		<u>CITRUS VALLEY MEDICAL CENTER - QUEEN OF THE VALLEY</u>
		857	C		DOCTORS HOSPITAL OF WEST COVINA
		6035		NC	KAISER FOUNDATION HOSPITAL - BALDWIN PARK
		TOTAL	5	2	
POMONA	917	137	C		CASA COLINA HOSP FOR REHABILITATIVE MEDICINE
		630	C		POMONA VALLEY COMMUNITY HOSPITAL
		673	C		SAN DIMAS COMMUNITY HOSPITAL
		TOTAL	3	0	
WHITTIER	919	81	C		BEVERLY HOSPITAL
		631	C		PRESBYTERIAN INTERCOMMUNITY HOSPITAL
		883	C		WHITTIER HOSPITAL MEDICAL CENTER
		TOTAL	3	0	
DOWNEY/NORWALK	921	66	C		BELLFLOWER MEDICAL CENTER
		69	C		BELLWOOD GENERAL HOSPITAL
		159	C		TRI CITY REGIONAL MEDICAL CENTER
		243	C		<u>DOWNEY COMMUNITY HOSPITAL (2 Service Sites)</u>
		430		NC	KAISER FOUNDATION HOSPITAL - BELLFLOWER
		449		NC	SPECIALTY HOSPITAL OF SOUTHERN CALIFORNIA
		599	C		SUBURBAN MEDICAL CENTER
		766	C		COAST PLAZA DOCTORS HOSPITAL
		1306	C		<u>LOS ANGELES CO. RANCHO LOS AMIGOS MED CTR</u>
		TOTAL	7	2	
LYNWOOD	923	197	C		COMMUNITY AND MISSION HOSPITALS
		754	C		OF HUNTINGTON PARK (2 Service Sites)
		TOTAL	2	0	ST. FRANCIS MEDICAL CENTER

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
LOS ANGELES	925				
		52	C		BARLOW HOSPITAL
		125	C		CALIFORNIA MEDICAL CENTER - LOS ANGELES
		170	C		CHILDREN'S HOSPITAL OF LOS ANGELES
		198	C		LOS ANGELES COMMUNITY HOSPITAL (2 Service Sites)
		256	C		EAST LOS ANGELES DOCTORS HOSPITAL
		307	C		PACIFIC ALLIANCE MEDICAL CENTER
		380	C		HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD
		382	C		QUEEN OF ANGELS/HOLLYWOOD PRESBY MED CTR
		392	C		GOOD SAMARITAN HOSPITAL
		429		NC	KAISER FOUNDATION HOSPITAL - LOS ANGELES
		468	C		LINCOLN HOSPITAL MEDICAL CENTER
		534		NC	MIDWAY HOSPITAL MEDICAL CENTER
		555	C		CEDARS SINAI MEDICAL CENTER
		581	C		ORTHOPAEDIC HOSPITAL
		661	C		CITY OF ANGELS MEDICAL CENTER - DOWNTOWN
		681	C		SAN VICENTE HOSPITAL
		685	C		SANTA MARTA HOSPITAL
		762	C		ST. VINCENT MEDICAL CENTER
		784	C		TEMPLE COMMUNITY HOSPITAL
		854	C		LOS ANGELES METROPOLITAN MEDICAL CENTER
		878	C		WHITE MEMORIAL MEDICAL CENTER
		1216	C		USC KENNETH NORRIS, JR. CANCER HOSPITAL
		1228	C		<u>LOS ANGELES CO. USC MEDICAL CENTER</u>
		4219	C		USC UNIVERSITY HOSPITAL
			=====	=====	
LOS ANGELES	925	TOTAL	22	2	
SANTA MONICA	927				
		110	C		BROTMAN MEDICAL CENTER
		155	C		CENTURY CITY HOSPITAL
		434		NC	KAISER FOUNDATION HOSPITAL - WEST LOS ANGELES
		500		NC	DANIEL FREEMAN MARINA HOSPITAL
		687	C		SANTA MONICA-UCLA MEDICAL CENTER
		756		NC	ST. JOHN'S HOSPITAL AND HEALTH CENTER
		796	C		UCLA MEDICAL CENTER
			=====	=====	
SANTA MONICA	927	TOTAL	4	3	
INGLEWOOD	929				
		148	C		CENTINELA HOSPITAL MEDICAL CENTER
		196		NC	COMMUNITY HOSPITAL OF GARDENA
		230	C		DANIEL FREEMAN MEMORIAL HOSPITAL
		305	C		KINDRED HOSPITAL - LOS ANGELES
		366	C		ROBERT F. KENNEDY MEDICAL CENTER
		521	C		MEMORIAL HOSPITAL OF GARDENA
			=====	=====	
INGLEWOOD	929	TOTAL	5	1	
TORRANCE	931				
		422	C		TORRANCE MEMORIAL MEDICAL CENTER
		470	C		LITTLE COMPANY OF MARY HOSPITAL
			=====	=====	
TORRANCE	931	TOTAL	2	0	
LONG BEACH	933				
		45	C		AVALON MUNICIPAL HOSPITAL
		53	C		ST. MARY MEDICAL CENTER
		135		NC	KAISER FOUNDATION HOSPITAL - CARSON
		240	C		LAKEWOOD REGIONAL MEDICAL CENTER
		431		NC	KAISER FOUNDATION HOSPITAL - HARBOR CITY
		525	C		LONG BEACH MEMORIAL MEDICAL CENTER
		587	C		PACIFIC HOSPITAL OF LONG BEACH
		680	C		SAN PEDRO PENINSULA HOSPITAL (2 service sites)
		1227	C		<u>LOS ANGELES CO. HARBOR/UCLA MEDICAL CENTER</u>
		6168	C		MILLER CHILDREN'S HOSPITAL
			=====	=====	
LONG BEACH	933	TOTAL	8	2	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
		1230	C		<u>LOS ANGELES CO. M.L. KING JR./DREW MEDICAL CENTER</u>
WATTS	935	TOTAL	1	0	
		818	C		VERDUGO HILLS HOSPITAL
LA CANADA	937	TOTAL	1	0	
		1126		NC	BREA COMMUNITY HOSPITAL
		1127		NC	KINDRED HOSPITAL-BREA
		1132		NC	KAISER FOUNDATION HOSPITAL - ANAHEIM
		1297	C		PLACENTIA-LINDA COMMUNITY HOSPITAL
		1342	C		ST. JUDE MEDICAL CENTER
FULLERTON	1011	TOTAL	2	3	
		1097	C		ANAHEIM GENERAL HOSPITAL (2 Service Sites)
		1098	C		ANAHEIM MEMORIAL MEDICAL CENTER
		1167		NC	SPECIALTY HOSPITAL OF SOUTHERN CALIFORNIA / SANTA ANA
		1188	C		WESTERN MEDICAL CENTER - ANAHEIM
		1283	C		GARDEN GROVE HOSPITAL AND MED CENTER
		1314	C		SANTA ANA HOSPITAL MEDICAL CENTER
		1379		NC	COLUMBIA WEST ANAHEIM MEDICAL CENTER
ANAHEIM	1012	TOTAL	5	2	
		1234	C		LA PALMA INTERCOMMUNITY HOSPITAL
		1242		NC	ORANGE COUNTY COMMUNITY HOSPITAL-BUENA PARK
		1248	C		LOS ALAMITOS MEDICAL CENTER
BUENA PARK	1013	TOTAL	2	1	
		225		NC	ORANGE COAST MEMORIAL
		1175		NC	FOUNTAIN VALLEY REGIONAL
		1209		NC	HUNTINGTON BEACH HOSPITAL
		1380	C		KINDRED HOSPITAL WESTMINSTER
HUNTINGTON BEACH	1014	TOTAL	1	3	
		32	C		CHILDREN'S HOSPITAL OF ORANGE COUNTY
		1140	C		CHAPMAN GENERAL HOSPITAL
		1258	C		COASTAL COMMUNITIES HOSPITAL
		1279	C		U.C. IRVINE MEDICAL CENTER
		1340	C		ST. JOSEPH HOSPITAL - ORANGE
		1357	C		TUSTIN HOSPITAL MEDICAL CENTER
		1566	C		WESTERN MEDICAL CENTER - SANTA ANA
		4045		NC	IRVINE MEDICAL CENTER
		4079	C		TUSTIN REHABILITATION HOSPITAL
		4159	C		HEALTHBRIDGE CHILDREN'S REHABILITATION
SANTA ANA	1015	TOTAL	9	1	
		1216	C		JOHN F. KENNEDY MEMORIAL HOSPITAL
INDIO	1103	TOTAL	1	0	
		1164	C		DESERT HOSPITAL
		1168	C		EISENHOWER MEDICAL CENTER
PALM SPRINGS	1105	TOTAL	2	0	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
		1326	C		SAN GORGONIO MEMORIAL HOSPITAL
BANNING	1107	TOTAL	1	0	
		1194	C		HEMET VALLEY HOSPITAL
		2172		NC	VALLEY PLAZA HOSPITAL
		4001	C		INLAND VALLEY REGIONAL MEDICAL CENTER
		4018	C		MENIFEE VALLEY MEDICAL CENTER
		4048	C		MORENO VALLEY MEDICAL CENTER
		4068	C		SHARP HEALTHCARE MURRIETA
		4487	C		RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
HEMET	1109	TOTAL	6	1	
		1152	C		CORONA REGIONAL MEDICAL CENTER
		1293	C		PARKVIEW COMMUNITY HOSPITAL MED CENTER
		1312	C		RIVERSIDE COMMUNITY HOSPITAL
		4025		NC	KAISER FOUNDATION HOSPITAL- RIVERSIDE
RIVERSIDE	1111	TOTAL	3	1	
		1144	C		CHINO VALLEY MEDICAL CENTER
		1166	C		U.S. FAMILYCARE MEDICAL CENTER
		1274		NC	KINDRED HOSPITAL - ONTARIO
		1318		NC	SAN ANTONIO COMMUNITY HOSPITAL
WEST SAN BERNARDINO	1207	TOTAL	2	2	
		1223		NC	KAISER FOUNDATION HOSPITAL - FONTANA
		1246	C		LOMA LINDA UNIVERSITY MEDICAL CENTER (2 Service Sites)
		1266		NC	MOUNTAINS COMMUNITY HOSPITAL
		1308	C		REDLANDS COMMUNITY HOSPITAL
		1323	C		COMMUNITY HOSPITAL OF SAN BERNARDINO
		1339	C		ST. BERNARDINE MEDICAL CENTER
		4121	C		ROBERT H. BALLARD REHABILITATION HOSPITAL
		4231	C		ARROWHEAD REGIONAL MEDICAL CENTER
METRO SAN BERNARDINO	1209	TOTAL	6	2	
		755	C		PALOMAR MEDICAL CENTER
		977	C		POMERADO HOSPITAL
INLAND N. SAN DIEGO CO.	1412	TOTAL	2	0	
		705	C		FALLBROOK HOSPITAL
		780	C		TRI-CITY MEDICAL CENTER
COASTAL N. SAN DIEGO CO.	1414	TOTAL	2	0	
		673	C		CHILDREN'S HOSPITAL OF SAN DIEGO
		694	C		DONALD N. SHARP MEMORIAL COMMUNITY HOSPITAL
		695	C		SHARP MARY BIRCH HOSPITAL FOR WOMEN
		730		NC	KAISER FOUNDATION HOSPITAL - SAN DIEGO
		771	C		SCRIPPS MEMORIAL HOSPITAL - LA JOLLA
		1256	C		CECIL H. & IDA M. GREEN HOSP OF SCRIPPS CLINIC
		1394	C		SCRIPPS MEMORIAL HOSPITAL - ENCINITAS
		4141		NC	UCSD - LA JOLLA - THORNTON HOSPITAL
NORTH SAN DIEGO CITY	1416	TOTAL	6	2	
		652	C		ALVARADO HOSPITAL MEDICAL CENTER
		721		NC	KINDRED HEALTHCARE - SAN DIEGO
		744	C		SCRIPPS MERCY HOSPITAL
		782	C		U.C. SAN DIEGO MEDICAL CENTER
		787	C		VILLA VIEW COMMUNITY HOSPITAL
		4084		NC	SAN DIEGO HOSPICE ACUTE CARE CENTER
		4094		NC	CONTINENTAL REHABILITATION HOSP OF SAN DIEGO
CENTRAL SAN DIEGO CITY	1418	TOTAL	4	3	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS BY AREA AS OF DECEMBER 1, 2002

AREA	HFPA	FCL ID	CONTRACT STATUS		HOSPITAL
			Contract	Non-Contract	
		658	C		SCRIPPS MEMORIAL HOSPITAL - CHULA VISTA
		689	C		CORONADO HOSPITAL
		759	C		PARADISE VALLEY HOSPITAL
		875	C		SHARP CHULA VISTA MEDICAL CENTER
			=====	=====	
SOUTH SAN DIEGO CO.	1420	TOTAL	4	0	
		714	C		GROSSMONT HOSPITAL
		716		NC	KAISER FOUNDATION HOSPITAL - EL CAJON
			=====	=====	
EAST SAN DIEGO CO.	1422	TOTAL	1	1	
		STATEWIDE TOTAL	234	75	

NOTES:

- 1) Hospitals whose name are in ITALICS and UNDERLINED are covered by one contract, although each service site is counted as a separate contract hospital.
Other hospitals with contracts that have multiple service sites are noted in ITALICS only and identify the number of service sites covered by the specific contract.
- 2) All Areas listed in Appendix B are designated as Closed except for HFPAs 517-Los Banos, 705-Salinas and 1014-Huntington Beach.

SOURCE: California Medical Assistance Commission Management Information System